

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

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Iowa Code Section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Economic Development

Name of Department or Office

200 E. Grand Avenue

Des Moines, Iowa, 50309

Mailing Address

(515) 242-4700

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jessica Montana

Name

Mailing Address (if different from above)

jessica.montana@iowalifechanging.com

City, State, Zip (if different from above)

(515) 242-4871

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Jessica Montana

Name

200 E. Grand Avenue

Des Moines, Iowa 50309

Mailing Address

City, State, Zip Code

(515) 242-4871

Area Code & Telephone Number

jessica.montana@iowalifechanging.com

Email Address (optional)

12/23/08

\$ 10.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Received USB 2.0 thumb drive from Orenco Systems, Inc., consulting firm, as a gift for presenting a conference sponsored by Orenco Systems. Thus, I bequest the USB 2.0 thumb drive to the Iowa Department of Economic Development.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Jessica Montana affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date